PATHWAYS TO **POSSIBILITIES**

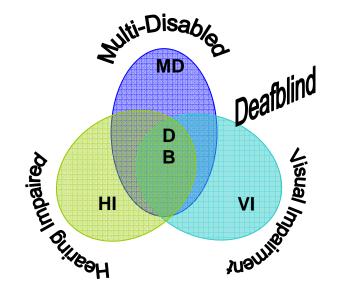
The conference will provide content for professionals and family members who work/live students with with visual impairments and/or multiple disabilities including Dual Sensory Impairments /Deaf-Blindness. Next year we will add the field of hearing impairments. Our goal is to combine efforts from the different professional disciplines to provide a conference that creates deeper supports for those serving/ teaching/living with individuals (0-21) who are differently abled with unique combinations of sensory and cognitive challenges.

August 8 - 10, 2007

Sheraton Park South 9901Midlothian Turnpike Richmond, VA 23235

Organization U.S. Postage Permit No. 869 Richmond, VA PAID

Pathways to **Possibilities**



Presented by The Virginia Project for **Children and Youth** with Dual-Sensory Impairments



CONFERENCE SCHEDULE

Wednesday Registration 8a - 10a10a – 12p **Opening Session** 12p - 1: 30p Lunch / check in 1:30p - 3p4 Breakout Sessions 3p - 3:30pBreak/Registration 4 Breakout Sessions 3:30p - 5p5:30p-7:30 Dinner Entertainment 6p - 7:p**Thursday** 8a **Breakfast/ Registration** 8:45a Announcement 9a.- 10:30a **Breakout Sessions** 10:45a- 12:15p **Breakout Sessions** 12:15p- 1:15p Lunch 1:30p-3p **Breakout Sessions** 3:15p- 4:45p **Breakout Sessions** 5:30p Dinner **7**p Entertainment **Friday** Breakfast 8a 8:45a Announcement 9a-10:30a **Breakout Sessions** 10:45a- 12:15p **Breakout Sessions** Lunch / Closing 12:15p- 2p Session

REGISTRATION

Conference space is limited to 150 participants. Registration is due June 15, 2007. Registration fees are \$25/ day or \$50 for all 3 days. Make checks payable to: **PPD/Deaf-Blind**

Please check all days attending:

☐ Wed 8/8	☐ Thurs 8/9	☐ Fri 8/10
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Name:	
E-mail:	
Agency:	
Title/Role:	
Address:	
Phone:	
Cell:	
Fax:	

Do you need any accommodations?

	Sign	language	interpreter
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Ш	Large	print
П	Other:	

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☐ Please check if you are a member of	f
Dreamcatcher's	

All Meals will be provided:

Wednesday Lunch thru Friday Lunch (Please specify any special dietary needs, in-					
cluding vegetarian meals):					
To receive state rates for reservations need to match Deaf-Blind Project.					
Do you need room rese	rvatio	ns:			
Yes No					
What are your accommo	odatio	n needs:			
Wednesday		Thursday			

Wednesday		Thursday
2 Dbl Beds		King
Nonsmoking		Smoking
Wheelchair accessi	ble	

How	many	peop	le in	room	
•		POP.		. • • • • • • • • • • • • • • • • • • •	

For registration questions, contact:

Betty Harrell at (804) 828-0359 Fax: (804) 828-0042 bpharrell@vcu.edu

For additional information about the conference, please contact:

Mark Campano (804) 828-8252 macampano@vcu.edu

http://www.twc-deafblind.state.va.us/